



Fee Only

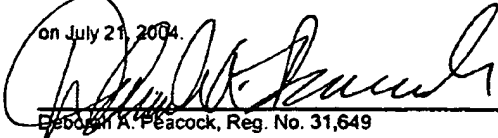
Application No. 09/992,131

2875  
JFW

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on July 21, 2004.

  
Deborah A. Peacock, Reg. No. 31,649

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/992,131  
Applicant : Fred J. Pinciario  
Filed : November 15, 2001  
Title : CHEMILUMINESCENT JEWELRY AND ACCESSORIES  
  
TC/A.U. : 2875  
Examiner : Sharon E. Payne  
  
Docket No. : 31049-1001

Commissioner for Patents  
United States Patent and Trademark Office  
PO Box 1450  
Alexandria, Virginia 22313-1450

**AMENDMENT**

Dear Sir:

In response to the Office Action dated April 21, 2004, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Amendments to the Drawings** begin on page 10 of this paper and include an attached replacement sheet.

**Remarks/Arguments** begin on page 11 of this paper.

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Page 1 of 13

08/09/2004 CPARIS 00000007 134213 09992131

01 FC:2202 117.00 DA

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

91992131

## CLAIMS AS FILED - PART I

|   | (Column 1)   | (Column 2)   |
|---|--------------|--------------|
| TOTAL CLAIMS  |              |              |
| FOR   | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | minus 20 = * |              |
| INDEPENDENT CLAIMS  | minus 3 = *  |              |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |              |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE      | FEE   |
|-----------|-------|
| BASIC FEE | \$385 |
| X\$9 =    |       |
| X\$13 =   |       |
| +145 =    |       |
| TOTAL     |       |

| RATE      | FEE   |
|-----------|-------|
| BASIC FEE | \$770 |
| X\$18 =   |       |
| X\$26 =   |       |
| +290 =    |       |
| TOTAL     |       |

## CLAIMS AS AMENDED - PART II

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | * 35                             | Minus ** 30                        | = 5           |
| Independent   | * 1                              | Minus *** 3                        | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$9 =           | 45.00          |
| X\$13 =          |                |
| +145 =           |                |
| TOTAL ADDIT. FEE | 45.00          |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18 =          |                |
| X\$26 =          |                |
| +290 =           |                |
| TOTAL ADDIT. FEE |                |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | * 90                             | Minus ** 35                        | = 55          |
| Independent   | * 3                              | Minus *** 3                        | = 2           |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$9 =           | 49.50          |
| X\$13 =          | 21.30          |
| +145 =           |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18 =          |                |
| X\$26 =          |                |
| +290 =           |                |
| TOTAL ADDIT. FEE |                |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus **                           | =             |
| Independent   | *                                | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$9 =           |                |
| X\$13 =          |                |
| +145 =           |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18 =          |                |
| X\$26 =          |                |
| +290 =           |                |
| TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.